

ASTHMA MANAGEMENT GUIDE (based on the NHLBI/NAEPP EPR-3)

1. PATIENT'S AGE									
<input type="checkbox"/> 0-4 years		<input type="checkbox"/> 5-11 years		<input type="checkbox"/> 12 years-Adult					
2. SEVERITY and/or CORRESPONDING TREATMENT STEP		<input type="checkbox"/> no prior asthma diagnosis or past inhaled medications		<input type="checkbox"/> Intermittent		Persistent			
		<input type="checkbox"/> 0		<input type="checkbox"/> 1		<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	
						<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6
3. IMPAIRMENT AND		cough/wheeze/dyspnea		SABA doses		Limitation			
		# ____ days per <input type="checkbox"/> week <input type="checkbox"/> month	# ____ nights per <input type="checkbox"/> week <input type="checkbox"/> month	<input type="checkbox"/> <2/week <input type="checkbox"/> daily <input type="checkbox"/> >2/week <input type="checkbox"/> >1/day		<input type="checkbox"/> none <input type="checkbox"/> some <input type="checkbox"/> minor <input type="checkbox"/> extreme			
RISK (exacerbations requiring systemic steroids)				<input type="checkbox"/> 0-1/ year		<input type="checkbox"/> 2-3/ year		<input type="checkbox"/> > 3/ year	
4. SEVERITY (if new or different today)		<input type="checkbox"/> Intermittent		Persistent					
		<input type="checkbox"/> Mild		<input type="checkbox"/> Moderate		<input type="checkbox"/> Severe			
OR CONTROL		<input type="checkbox"/> Well Controlled		<input type="checkbox"/> Not Well Controlled		<input type="checkbox"/> Very Poorly Controlled			
5. START/STEP UP/STEP DOWN/MAINTAIN				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6. EDUCATION for self-management		<input type="checkbox"/> basic facts	<input type="checkbox"/> controllers vs quick-relievers	<input type="checkbox"/> spacer technique	<input type="checkbox"/> environmental trigger avoidance		<input type="checkbox"/> Action Plan <input type="checkbox"/> 504b/MAF		
7. Referrals		<input type="checkbox"/> spirometry		<input type="checkbox"/> allergy testing		<input type="checkbox"/> integrated pest management		<input type="checkbox"/> tobacco cessation	
8. RTC		<input type="checkbox"/> every 2-6 weeks until "well controlled"			<input type="checkbox"/> every 1-6 months if "well controlled" for 3 months				